

**SPECIMEN SUBMISSION FORM FOR
VETERINARY SPECIMENS**

PUBLIC HEALTH LABORATORIES
29 Hazen Drive, Concord, NH 03301-6527
603-271-4661

Veterinarian Name:	Name of animal owner:
Veterinarian Address: (Street, City, State, Zip Code)	Owner Address: (Street, City, State, Zip Code)
Veterinarian Phone:	Owner Phone:
Veterinarian FAX:	
Species: Equine <input type="checkbox"/> Other (please indicate)	Name of Animal:
Is the animal: Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Animal's Boarding Address: (Street, City, State, Zip Code)
Euthanized <input type="checkbox"/> Date/time of death:	
Specimen(s) submitted: _____	Date(s) of collection: _____
Has this animal been vaccinated for:	
WNV <input type="checkbox"/> Yes; date of vaccination: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown
EEE <input type="checkbox"/> Yes; date of vaccination: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Rabies <input type="checkbox"/> Yes; date of vaccination: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Clinical History:	
Travel History: (List travel history for the last 30 days)	
Date of onset of illness:	

Molecular assays are available to detect the presence of antigen due to arboviral infections such as West Nile Virus and Eastern Equine Encephalitis. The following information is critical for accurate interpretation of test results:

- Date of onset of disease symptoms
- Dates of specimen collection
- Travel history
- Vaccination history
- Description of clinical illness
- Specimen types and amounts

Specimen types for PCR testing include brain stem tissue and/or CSF (≥1ml).

For further technical information regarding diagnostic testing, please call Denise Bolton, Arbovirus/Emergency Response Lab, at 603-271-3684, or 1-800-852-3345, extension 3684